

**m97000000364**  
 PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

03 APR -9 PM 4:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # M97000000364

**1. Limited Liability Company's Name**

Capital, LLC d/b/a Tampa Capital, LLC

**2. Principal Office Address**

10 Rollins Road

Suite, Apt. #, etc.

Suite 114

City & State

Milbrae, CA

Zip

94030

Country

USA

**3. Mailing Office Address**

10 Rollins Road

Suite, Apt. #, etc.

Suite 114

City & State

Milbrae, CA

Zip

94030

Country

USA

**4. State/Country of Formation**

Delaware

**5. Date Organized or Qualified To Do Business in Florida**

06/30/97

**6. FEI Number**

65-0768731

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

\$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Corporation Sevice Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of Registered Agent

*Ann R. Shilling*

Ann R. Shilling, Asst. V.P.

Date 04/08/2003

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGMR	Floridan Investors, LLC	10 Rollins Road Suite 114	Milbrae, CA 94030
M	JAL GROUP II, LLC	7700 CONGRESS AVENUE, SUITE 3106	BOCA RATON, FL 33487
M	Brentwood Holding Company	180 South Spruce St. Suite 160	San Francisco, CA 94080

**REINSTATEMENT**

*9-03*  
*Dec*

100015567931

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Signature of Managing Member/Manager

*Alec E. Land*

Date 03/29/03

Daytime Phone # 650-259-7675

Typed or printed name of signing Managing Member/Manager ALEC E. LAND, PRESIDENT OF JAT Partners, Inc, the manager member of

CR2E041 (10/02)



ACCOUNT NO. : 072100000032  
 REFERENCE : 006429 4373439  
 AUTHORIZATION : *Patricia Pizutto*  
 COST LIMIT : \$ 400.00

ORDER DATE : April 8, 2003  
 ORDER TIME : 11:40 AM  
 ORDER NO. : 006429-010  
 CUSTOMER NO: 4373439

CUSTOMER: Racquel A. Small, Legal Asst  
 Akin, Gump, Strauss, Hauer &  
 19th Floor  
 590 Madison Avenue  
 New York, NY 10022

REINSTATEMENT

NAME: CAPITAL, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward,

TALLAHASSEE, FLORIDA  
 DIVISION OF CORPORATIONS  
 EXAMINER'S INITIALS  
 03 APR - 9 PM 3:24  
 RECEIVED